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CONFIRMATION NO. 7281

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
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| 10/804,455 | 03/19/2004 RULE | 705 | 3629 | 06556-0050-00 | |
| APPLICANTS Lloyd R. Camp, Johnston, IA; Stephen Goldsmith, Indianapolis, IN; David D. Schneider, Edmond, OK; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/458,512 03/19/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/30/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /GABRIELLE A MCCORMICK/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY IA | SHEETS DRAWINGS 25 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 2 |
| ADDRESS FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER LLP 901 NEW YORK AVENUE, NW WASHINGTON, DC 20001-4413 UNITED STATES | | | | | |
| TITLE System and method for managing and tracking child welfare services | | | | | |
| FILING FEE RECEIVED 972 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |